

1-06-2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593026

FILING DATE

09.15.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			3			
4						
5						
6						
7						
8						
9			1	1		
10			1	1		
11			1	1		
12			1	1		
13			1	1		
14			1	1		
15			1	1		
16	1					
17		1				
18			1			
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31	1					
32	1					
33	1					
34	4					
35	4					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45		1				
46	1					
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1	1	1		
52		1	1	1		
53		1	1	1		
54		1	1	1		
55		1	1	1		
56		1	1	1		
57	1					
58						
59						
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		3				
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71		3				
72		3				
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75		3				
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78		3				
79		3				
80		3				
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84		3				
85		3				
86		3				
87		3				
88		3				
89		3				
90		3				
91		3				
92	1					
93		1				
94		2				
95		2				
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2 of 2

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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147						
148						
149						
150						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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194						
195						
196						
197						
198						
199						
200						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						